FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006253 (4)

PRO-T	AX ADJUSTERS, INC.				I IRBANDAI IRB ADAM DOMA DOMA DOMA I		 	
Principal Place of Business Mailing Address								111 144
15291 N.W. 60TH AVENUE 15291 N.W. 60TH AVEN			UE					
#104 #104 #104 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014					DO NOT WRITE IN THIS SPACE			
mickel Critci	0 12 00014	MINNI CONTO IT 00014			3. Date Incorporated or Qualified			• • • • • • • • • • • • • • • • • • • •
					01/17/1996			
2. Principal P	Place of Business	2a, Mailing Address			4, FEI Number		Applie	ed For
26					65-0641233			pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							8.75 Addi	itional
27					5. Certificate of Status Desired	[J	Fee Requir	red
City & State City & State					6. Election Campaign Financing		\$5.00 May	у Ве
23 28				Trust Fund Contribution		Added to Fe		
Zip	Country	Zip	Country	!	8. This corporation owes or has pa	aid the currer		
24	25	29	30		Personal Property Tax due June	****		0
	9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Age	nt	
SE	IJO, MIRTA		81	Name				
15291 N.W. 60TH AVENUE			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
SUITE 104								
MIAMI LAKES FL 33014			83	ļ				
			84	City		[5 Zip Code	e
						- FL	· '	
office or r agent. I a	im familiar with, and accept the oblig	Hitions of Section 607.0505, Fl	orida Statutes 2474 - S	s. SEI JO	oration submits this statement for the pion's board of directors. I hereby acce		anging its regi	gistered
	Signature, lyped of printed name of registered ag	ent and little if applicability (NOT	E Hegistered Age	int signature requir	red when reinstating)	DATE	DE07050 #	
12.	P OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 10 LF		ADDITIONS/CHANGES TO OFFICE			Addition
TITLE NAME	SEIJO, LAZARO J		1.2 NAME.				опанус [J AUGMON
	ARABA SILLE AND CALIFFERENCE AND							
1	ANALA LAVEO EL COCA		1.3 STREET ADDRESS					
CITY-ST-ZIP	S DELETE		1.4 CHY-S 2.1 TITLE	1-7P			Change	Addition
NAME	SEIJO, MIRTA		2.2 NAME			لــا	Change [_	1 Modition
	among bitte on transfer Aldrew and			2.3 STREET ADDRESS				
STREET ADDRESS	MIAMI ŁAKES FL 33014	IIIC 104		i				
CHTY-ST-ZIP TITLE	MIAMI DANES PL 33014	DELETE	2. 4 CITY - 5 3.1 TITLE	31 - ZIP			Change	Addition
NAME		C Dittell	3.2 NAME	1		لــا	cridings [g riguition
STREET ADDRESS				1000000				
• •			3.3 \$1R[£]					
CITY-S1-ZIP TITLE		DELETE	3.4. CITY - 5 4.1 TITLE	31-7IP			Change	Addition
NAME			4. 2 NAME			ļJ	Change L.	
STREET ADDRESS			4.2 NAME	ADDOCCC				
•								
CITY-ST-ZIP TITLE	DELETE		44 City-S 51 Title	1-217			Change _	Addition
NAME		La Detect	5.2 NAME			لسا	yv	, 1.00/HO/1
STREET ADDRESS				ADDULCC				
••			5.3 STREET	1				
CITY-\$T-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	1-200			Change	Addition
1		□ outur				LJ	Unango L	1 VOUITION
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

115198 (308)361-2494

FILED

Jan 20 1998 8:00am

Secretary of State